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CÆCAL HERNIA.

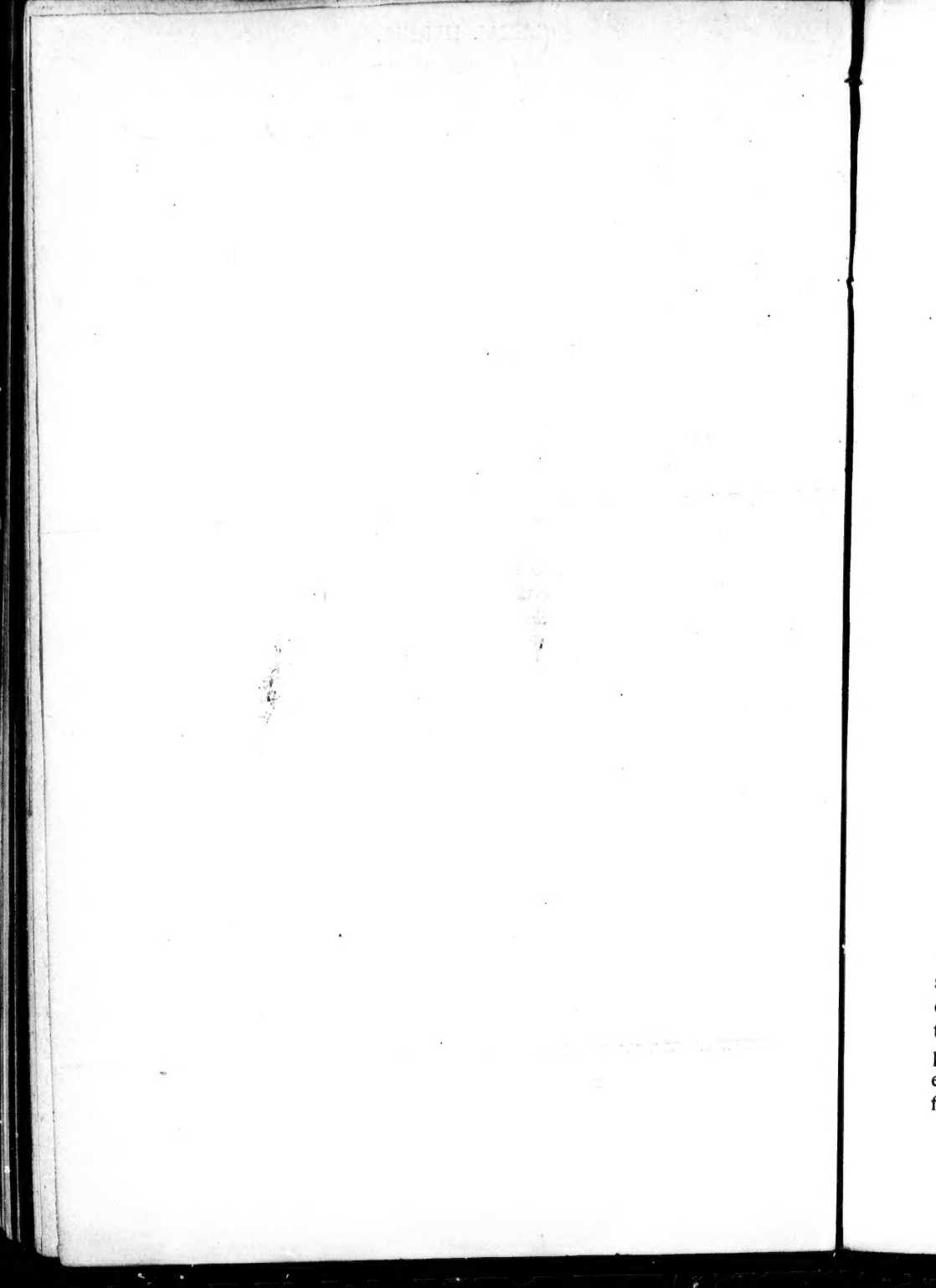
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Cæcal hernia, pure and simple, is seldom or never seen, for in nearly every case the protrusion, in addition to the cæcum, consists of the vermiform appendix, ascending colon, or a portion of the ileum. It was formerly thought that there was no sac about a cæcal hernia, or if it existed, that it was rare, but more recent and extended observation, especially since the parts have of late years been so frequently exposed during the radical cure, have proved that absence of sac is the exception. When any other portions of the intestines accompany the cæcum, they are usually found floating free in the same sac. Cæcal hernia is nearly always congenital, and is more common than was formerly believed. The writer has seen at least half a dozen cases in the last ten years, in only one of which, the case reported below, the tumor consisted solely of cæcum. The explanation of the occurrence of cæcal hernia is simple, and is connected with the descent of the testicle. From the globus major of the testicle to the cæcum, appendix, ileum, and mesentery, is a fold of peritoneum (plica vascularis) which contains the spermatic vessels and the gubernaculum testis, and during the descent of the testicle the cæcum may be carried down with it. On the other hand, the cæcum may prevent the descent of the testicle and so cause the retention of the testicle in the abdomen in inguinal canal. Cæcal hernia may be sometimes recognized by its size and irregularity. It does not feel like an ordinary hernia. The following case came under my care during the past summer. F. C., aet., three and a half years, was brought to the Montreal General Hospital by his parents on August 13, 1895, for a painful swelling in the right inguinal region and scrotum. The child was in perfect health, and the parents gave the following history. When a year old, a small swelling or lump the size of a walnut was first noticed in the right groin. It was not painful and caused the child no inconvenience, so nothing was done. Six months later the child complained of pain in the abdomen and cried a great deal, and then it was noticed that the swelling had increased in size, and had descended into the scrotum. The child was brought to the Outdoor Department of the Hospital, and a diagnosis of inguinal hernia was made. The tumor was easily reduced, and a truss was ordered. The truss was worn irregularly until a few weeks before the patient came to the hospital, when it was discarded,



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for without it the hernia never came out and the parts were perfectly normal and painless.

A few hours before entrance into the hospital the child had fallen from a gallery, a distance of about six feet. After this he complained of severe pain in the groin, and on examining the site of the hernia they found a large, firm, tender tumor, much larger than they had ever seen it before. Hot applications were employed, but these affording no relief the child was brought to the hospital. There was no vomiting. On examining the patient a large, firm, oval swelling was seen, extending from the internal abdominal ring to the scrotum, in the course of the inguinal canal. The swelling was dull on percussion, tender and fluctuating, the least movement seemed to cause great pain. The child's face was flushed, tongue dry, respirations quick and shallow, and temperature 100° . Soon after entering the hospital the child commenced to vomit, so he was immediately put under ether and attempts at reduction were made. These being without effect, the parts were cleansed and an operation immediately undertaken. On cutting down, the sac was reached and easily recognized. On opening it, a large quantity of clear fluid escaped. The contents of the sac were then seen to be cæcum only, coming down through a large opening and not constricted. There were posterior adhesions which prevented its return. These were freed and the bowel was returned without difficulty. The appendix was not seen. The sac was then dissected out and cut off, the opening being closed with several catgut sutures. The external wound was closed with silk-worm gut sutures, and the usual dressings were applied. The child made an uninterrupted recovery, the wound healing by immediate union, and has remained well ever since. The pain and vomiting in this case were, no doubt due to the tension caused by the exudation of fluid which followed the fall. Before operation the case was regarded as one of incarcerated hernia and of no great urgency, but operation and radical cure, considering the circumstances, were deemed to be the best procedure. In one case, operated on sometime before, there was a hernia of small intestines in front of the cæcum, the cæcum being behind the sac proper, or rather having the sac in front of it only. In the present case, however, there was a distinct sac in which the cæcum floated free.